



Elbert County Government Employment Application

Position Applying For:

Date:

Last Name:

First Name:

Middle Initial:

Street Address:

City:

State:

Zip:

County:

Daytime Phone:

SSN #:

The successful applicant may be tested or asked to take a physical screening from the County's designated physician with reference to the job description for the open position. The County will check your driving record to verify possession of a valid driver's license. Elbert County is an EOE and does not discriminate against any person in recruitment, examination, appointment, training, promotion, retention or any other personnel action, because of political or religious opinions or affiliations or because of race, color, national origin, sex, age, disability or other non-merit factors. The County does give preference to current County Employees when applicants are otherwise equally qualified.

Have you ever been employed with Elbert County Government?

☐ Yes ☐ No

If yes, when: _____

Do you have family or friends that work for Elbert County Government?

☐ Yes ☐ No

Name(s): _____

May we contact your present employer NOW regarding your qualifications, character, etc.

☐ Yes ☐ No

Have you ever been fired or asked to resign from any job during the past five years?

☐ Yes ☐ No

Have you ever been found guilty of any law violations other than parking tickets or juvenile offenses?

☐ Yes ☐ No

Give details below: (records do not cause automatic disqualification but are reviewed as related to the job applied for).

Licenses or Registrations:

Type: _____ Issued By: _____ Exp. Date: _____ Number: _____

Profession or Trade: _____

Driver's License Number: _____

Other: _____

Complete this section only if you served in the US Armed Forces:

Branch of Service:

Honorable discharge ☐ Yes ☐ No

Period of Service: From: _____ To: _____

Employment History:

Show all employment for the past ten years, beginning with the most recent employer first. (Add another sheet if necessary)

Employer Name:	
Employer Address:	
Supervisor's Name & Phone #:	
Employment Dates:	FROM: TO:
Salary:	\$ WK/MO/YR
Average Hours Worked:	
Why Did You Leave:	
Job Duties:	

Employer Name:	
Employer Address:	
Supervisor's Name & Phone #:	
Employment Dates:	FROM: TO:
Salary:	\$ WK/MO/YR
Average Hours Worked:	
Why Did You Leave:	
Job Duties:	

Employer Name:	
Employer Address:	
Supervisor's Name & Phone #:	
Employment Dates:	FROM: TO:
Salary:	\$ WK/MO/YR
Average Hours Worked:	
Why Did You Leave:	
Job Duties:	

EDUCATION			
GED Certificate:	Number:	Date:	Place Test Taken:
High School:	Address:	Years Completed:	Courses Taken:
College:	Address:	Degree Received:	Major:
Business/Trade:	Address:	Certificate Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N Type:	Courses Taken:
Other:	Address:	Degree/Certificate Rec'd <input type="checkbox"/> Y <input type="checkbox"/> N	Courses/Degree:

NOTICE: Elbert County Government is required by law to perform drug tests on all new hires. If you are the successful applicant and are required by law to maintain a commercial drivers license or are in a position the County has designated as "safety sensitive", you will also be required to participate in a random drug and alcohol testing program.

AUTHORIZATION AND CERTIFICATION:

I authorize you, at the time of my application for employment or during the course of employment, to obtain information from any source as to my education, experience, character, medical history, financial or credit record as it relates to the position for which I am being considered, or which I may be employed, if I am a successful applicant.

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may remove my name from the eligible list or, if I have been appointed cause my dismissal from this position. I also agree that all statements made on this application may be investigated.

SIGNATURE: _____ DATE: ____/____/____

Elbert County Government
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